

## Introduced by Senator Bowen

February 22, 2005

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An act to amend Sections 123485 and 123495 of, and to add Sections 123491 and 123516 to, the Health and Safety Code, relating to perinatal services, and making an appropriation therefor.

## LEGISLATIVE COUNSEL'S DIGEST

SB 869, as introduced, Bowen. Visiting nurse program.

Existing law provides for the implementation of a community-based system of perinatal care for eligible women and infants administered by the State Department of Health Services.

This bill would require the State Department of Health Services to establish and implement a program to make grants to eligible participating counties for the provision of voluntary visiting nursing services to first-time low-income mothers.

This bill would appropriate \$3,500,000 from the General Fund to the department for the purposes of this bill.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) To care adequately for their infants and toddlers, new  
4 mothers often benefit from receiving professional assistance and  
5 information. Without such assistance and information, a  
6 first-time mother may develop habits or practices that are  
7 detrimental to her health and well-being and the health and  
8 well-being of her child.

(b) Inadequate prenatal care and inadequate care in infancy and toddlerhood often inhibit a child's ability to learn and develop throughout his or her childhood and may have lasting, adverse effects on the child's ability to function as an adult.

(c) The Nurse-Family Partnership, which provides educational, health and other resources to new mothers during pregnancy and the first two years of their child's life, has been proven through randomized clinical trial scientific research to reduce significantly the amounts of drugs, including nicotine, and alcohol use and abuse by mothers, the occurrence of criminal and delinquent activity committed by mothers and their children, and the incidence of child abuse and neglect.

(d) The Nurse-Family Partnership has also been proven through this same research to reduce the number of subsequent births to participating mothers, increase the length of time between subsequent births, and reduce the mother's need for other forms of public assistance.

(e) The Nurse-Family Partnership, when implemented as designed, is capable of producing long-term savings in public expenditures.

SEC. 2. Section 123485 of the Health and Safety Code is amended to read:

123485. The following definitions shall govern the construction of this article:

(a) "Community-based comprehensive perinatal care" means a range of prenatal, delivery, postpartum, infant, and pediatric care services delivered in an urban community or neighborhood, rural area, city or county clinic, city or county health department, freestanding birth center, or other health care provider facility by health care practitioners trained in methods of preventing complications and problems during and after pregnancy, and in methods of educating pregnant women of these preventive measures, and who provide a continuous range of services. The health care practitioners shall, through a system of established linkages to other levels of care in the community, consult with, and, when appropriate, refer to, specialists.

(b) "Low income" means all persons of childbearing age eligible for Medi-Cal benefits under Chapter 7 (commencing with Section 14000) and all persons eligible for public social services for which federal reimbursement is available, including

1 potential recipients. “Potential recipients” shall include the  
2 pregnant woman and her infant in a family where current social,  
3 economic and health conditions of the family indicate that the  
4 family would likely become a recipient of financial assistance  
5 within the next five years.

6 (c) “Prenatal care” means care received from conception until  
7 the completion of labor and delivery.

8 (d) “Perinatal care” means care received from the time of  
9 conception through the first year after birth.

10 (e) *“Qualified organization” means any corporation with*  
11 *demonstrated expertise in implementing the Nurse–Family*  
12 *Partnership or similar programs in different local settings.*

13 (f) “State department” ~~means~~ and “department” mean the  
14 State Department of Health Services unless otherwise designated.

15 SEC. 3. Section 123491 is added to the Health and Safety  
16 Code, to read:

17 123491. (a) The department shall implement the  
18 Nurse–Family Partnership Program to provide grants to eligible  
19 participating counties to provide voluntary nurse home visits for  
20 expectant first–time mothers, their children, and their families.

21 (b) The department shall implement the grant program to  
22 provide trained nurses to educate mothers on the importance of  
23 nutrition and avoiding alcohol and drugs, including nicotine, to  
24 educate mothers in providing care that improves the outcomes for  
25 their children, and to help mothers avoid risks to their children’s  
26 continued healthy functioning.

27 (c) The department shall develop a grant application process  
28 and award grants to counties for the startup, continuation, and  
29 expansion of a program under this section that implements the  
30 Nurse–Family Partnership Model disseminated by the National  
31 Center for Children, Families, and Communities.

32 (d) Any county applying for a grant under this section, as a  
33 condition to receiving the grant, shall agree to do all of the  
34 following:

35 (1) Serve through the program only pregnant, low–income  
36 women who have had no previous live births.

37 (2) Enroll women in the program while they are still pregnant,  
38 but in no case later than the 28th week of gestation, and  
39 continuing through the first two years of the child’s life.

1 (3) Use as home visitors only nurses who have been licensed  
2 in the state of California or accredited by another state or  
3 voluntary agency that the Board of Registered Nursing has  
4 identified as one whose accreditation may be accepted in lieu of  
5 board approval.

6 (4) Have nurse home visitors follow the home visit guidelines  
7 developed for the Nurse–Family Partnership by the National  
8 Center for Children, Families, and Communities.

9 (5) Have nurse home visitors follow a visit schedule keyed to  
10 the developmental stages of pregnancy and early childhood.

11 (6) Limit a nurse home visitor’s caseload to no more than 25  
12 active families at any given time.

13 (7) Provide for every eight nurse home visitors a full-time  
14 nurse supervisor who holds at least a bachelor’s degree in  
15 nursing and has substantial experience in community health  
16 nursing.

17 (8) Have nurse home visitors and nurse supervisors trained in  
18 effective home visitation techniques by qualified trainers.

19 (9) Have nurse home visitors and nurse supervisors trained in  
20 the method of assessing early infant development and  
21 parent–child interaction known as the Nurse Child Assessment  
22 Satellite Training (NCAST) system.

23 (10) Provide data on operations, results, and expenditures in  
24 the formats and with the frequencies specified by the department.

25 (11) Collaborate with other home visiting and family support  
26 programs in the community to avoid duplication of services and  
27 complement and integrate with existing services to the extent  
28 practicable.

29 (12) Demonstrate that adoption of the Nurse–Family  
30 Partnership is supported by an official community planning or  
31 decision making board responsible for assuring the availability of  
32 effective, coordinated services for families and children in the  
33 community.

34 (13) Provide cash or in-kind matching funds in the amount of  
35 50 percent of the total cost of the program.

36 (14) Prohibit the use of moneys received for the program as a  
37 match for grants currently administered by the department.

38 (e) The department shall adopt regulations for the  
39 implementation of the program established pursuant to this  
40 section.

SEC. 4. Section 123495 of the Health and Safety Code is amended to read:

123495. (a) The department shall seek any federal waiver or waivers that may be necessary to maximize funds from the federal government including, but not limited to, funds provided under Title 19 of the Social Security Act to provide funds for a full range of preventive perinatal services.

(b) The department shall, in preparing its budget for submission each year, coordinate all funding sources intended primarily for perinatal care made available through the Budget Act to maximize the delivery of perinatal care services and to avoid duplication of programs and funding.

(c) (1) The department shall develop and implement a uniform sliding fee schedule for women provided perinatal care through the perinatal services program. The fee schedule shall be based on family size and income, but in no case shall the fee exceed the actual cost of the services provided. The department shall not implement any schedule developed pursuant to this section sooner than 30 days after the department has provided the chairperson of the Joint Legislative Budget Committee and the chairperson of the fiscal committee of each house with the developed schedule.

(2) All free clinics, as defined in paragraph (2) of subdivision (a) of Section 1204 shall be exempt from this subdivision

(3) *Any program established pursuant to Section 123491 shall be exempt from this subdivision.*

(4) All organizations funded under the Public Health Service Act, Sections 254b and 254c of Title 42 of the United States Code, shall be permitted to utilize those sliding fee scales mandated by federal law or regulation in lieu of the sliding fee scale adopted by the department.

SEC. 5. Section 123516 is added to the Health and Safety Code, to read:

123516. (a) The department shall monitor the administration of the program established pursuant to Section 123491 by grantees to ensure the program is implemented according to the requirements of Section 123491 and regulations adopted by the department for the implementation of the program.

(b) The department may contract with one or more qualified organizations to assist the department in ensuring that grantees

1 implement the program as established under Section 123491 and  
2 to conduct an annual evaluation of the implementation of the  
3 grant program on a statewide basis.

4 (c) (1) In conducting its monitoring and evaluation activities,  
5 the department shall be guided by program performance  
6 standards developed by the department in consultation with the  
7 National Center for Children, Families, and Communities.

8 (2) The department shall submit the results of each annual  
9 evaluation to the Governor and the appropriate committees of  
10 each house of the Legislature.

11 (3) The annual evaluation shall contain, but not be limited to,  
12 the extent to which each grantee participating in the program has  
13 done each of the following:

14 (A) Recruited and retained a population of low income,  
15 first-time mothers.

16 (B) Enrolled families early in pregnancy and followed them  
17 through the second birthday of the child.

18 (C) Conducted visits that are of comparable frequency,  
19 duration, and content as those delivered in the randomized  
20 clinical trials conducted by the National Center for Children,  
21 Families, and Communities in the development of the model  
22 program.

23 (D) Assessed the health and well-being of the mothers and  
24 children enrolled in the program according to common indicators  
25 of maternal, child, and family health.

26 SEC. 6. The amount of three million five hundred thousand  
27 dollars (\$3,500,000) is appropriated from the General Fund to the  
28 State Department of Health Services for the purposes of this act.